2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN 15 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000016995

1. Entity Name
D & J MANAGEMENT, LLC

Principal Place of Business	Mailing Address
787 BENJAMIN FRANKLIN DR. UNIT 8 SARASOTA, FL 34236	787 BENJAMIN FRANKLIN DR. UNIT 8 SARASOTA, FL 34236

01052009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, JOY
787 BENJAMIN FRANKLIN DR. UNIT 8
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 01/05/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	SNYDER, JOY	
STREET ADDRESS	787 BENJAMIN FRANKLIN DR. UNIT 8	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	MGR	☐ Delete
NAME	SNYDER, DARRYL	
STREET ADDRESS	787 BENJAMIN FRANKLIN DR. UNIT 8	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	700140776257	
STREET ADDRESS	01/15/09--01008--030 **377.50	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 0809

1-16-09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 01/05/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #